



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, CUTTACK

Mail Id-hdtcuttack@gmail.com



Letter No 72 DMO (MS)/Cuttack Dated 19/01/2026.

TO

The Member Secretary

Odisha State Pollution Control Board

Bhubaneswar

Sub: Submission of Annual Report for District Headquarter Hospital, Cuttack

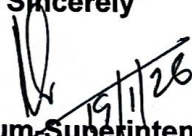
Sir,

With reference to the subject cited above, I am submitting herewith the ANNUAL REPORT (FORM – IV) for the year 2025 i.e. from 01.01.2025 to 31.12.2025 in respect of Biomedical Waste Management of District Headquarter Hospital, Cuttack.

This is for your kind information and necessary action.

Encl: As above

Yours Sincerely

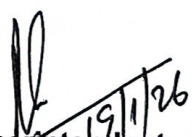

DMO (MS)-Cum-Superintendent,

DHH Cuttack

Memo No: 73 / Medical, Cuttack Dated 19/01/2026.

Copy submitted for information and necessary action to:

- 1) Regional Officer, SPCB, Cuttack
- 2) CDM&PHO, Cuttack
- 3) Director of Public Health, Odisha, Bhubaneswar


DMO (MS)-Cum-Superintendent,

DHH Cuttack

**From –IV
(See rule 13)
ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. Chandan Kumar Garhnayak DMO(MS)-cum- Superintendent, DHH, Cuttack
	(ii) Name of HCF or CBMWTF	:	District Headquarter Hospital, Cuttack (City Hospital, Cuttack)
	(iii) Address for Correspondence	:	District Headquarter Hospital, Cuttack At: - Dargha Bazar, Po- Buxi Bazar , Dist- Cuttack, Pin-753001
	(IV) Address of Facility		District Headquarter Hospital, Cuttack At: - Dargha Bazar, Po- Buxi Bazar , Dist- Cuttack, Pin-753001
	(V)Tel. No. Fax. No.	:	9439990016
	(Vi) E-mail ID	:	hdtcuttack@gmail.com bmwmdhcuttack@gmail.com
	(Vii) URL of Website	:	http://cuttack.dhhodisha.in
	(viii) GPS coordinates of HCF of CBMWTF		Not Applicable
	(IX) Ownership of HCF of CBMWTF		(State Government of Private or Semi Govt. or any other): State Government
	(X) Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules.	:	Authorization No. IND-IV-BW-144 Valid up to 31/03/2026
	(XI) Status of Consents under Water Act and Air Act.	:	Valid up to: 31.03.2026 (Consent Order No: 3077) of OSPCB.
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds- 130
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Not Applicable
	(iii) License number and its date of expiry.	:	Authorization No. IND-IV-BW-144 Valid up to 31/03/2026.
3.	Details if CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No. of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF	:	NA
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category:-3458. 716.kg per annum Red Category:-2900.65kg per annum White:-248.345 kg per annum Blue Category:-995.56 kg per annum

General Solid waste:- 50688 kg per annum

5.	Details of the Storage , treatment, transportation, processing and Disposal Facility																																																		
(i) Details of the on-site storage facility	:	Size :- 500 sq ft Capacity:- 500 Sqft Provision of on-site storage : (cold storage or any other provision)																																																	
(ii) Disposal Facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipment In</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed Kg per Annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Plasma Paralysis</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves(fun)</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Shredder(fun)</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>-</td> <td>32 Hub Cutters.</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Deep Burial pits:</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td>-</td> <td>CBMWTF</td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment In	No of Units	Capacity Kg/day	Quantity treated or disposed Kg per Annum	Incinerators	-			Plasma Paralysis	-			Autoclaves(fun)	-			Microwave	-			Hydroclave	-			Shredder(fun)	-			Needle tip cutter or destroyer	-	32 Hub Cutters.		Sharps encapsulation or concrete pit	-			Deep Burial pits:	-			Chemical disinfection:	-			Any other treatment equipment:	-	CBMWTF		
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(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Category (like plastic, glass etc.) Plastics (Red): 2900.65kg per annum Glass (Blue): 995.56 kg per annum																																																	
(iv) No of vehicles used for collection and transportation of biomedical waste.	:	1																																																	
(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	:	Quantity Generated Incineration:- 0 Ash:- 0 ETP Sludge:- 0	Where disposal																																																
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Saniclean Pvt Ltd, Bhubaneswar																																																	
(vii) List of member HCF not handed over bio-medical waste.	:	0																																																	
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	Yes (Copy Attached)																																																
7.	Detail trainings conducted on BMW																																																		
(i)	Number of training conducted on BMW Management.	:	4 batches																																																
(ii)	Number of personnel trained	:	245																																																

	(iii) Number of personnel trained at the time of induction		121
	(iv) Number of personnel not had undergone any training so far.		0
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information)		No
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		13 (Needle stick Injury)
	(ii) Number of the persons affected		13
	(iii) Remedial Action taken (Please attach details if any)		Copy attached
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		Low cost model technique (Karnataka model) of waste water treatment
11.	If the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12.	Any other relevant information		(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from (*January'2023 to December' 2023*).


 Name and Signature of
 the Head of the Institution

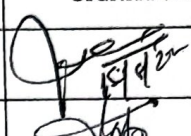
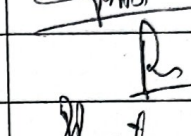
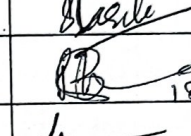
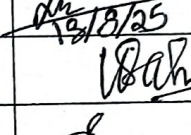
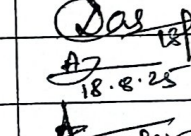
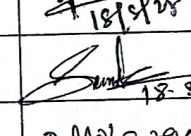
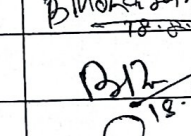
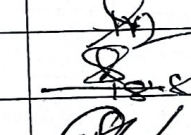
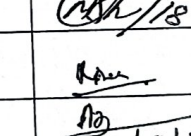
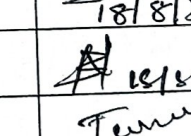
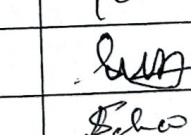
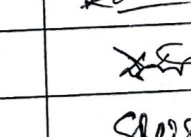
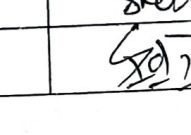
Date: 19.01.2026
Place: DHH, Cuttack.

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROL

DHH, CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

DATE : 18.8.25

SL. NO.	NAME	DESIGNATION	RECEIVED OF PEN & NOTE PAD (1 EACH)	SIGNATURE
1	Dr. N. K. Satpathy	Dmo Cms) - am Sept 21		
2	Dr. Loknath Patra	ADPHO (DC)		
3	Dr. Pratyasha Prasad	ORL specialist	✓	
4	Dr. Pradyot Das	M.D. Anaesthesia	✓	
5	Dr. Rajana Bhattacharya	AD	✓	 18.8.25
6	Dr. Lilina Behera	MO	✓	 18/8/25
7	Dr. Ashutosh Sahoo	LDRMO	✓	 18/8/25
8	Sucharita Das	Dent Microbiology	yes	 18.8.25
9	Akshaya Kumar Mohanty	LT	yes	 18.8.25
10	Anantashya Ranjan	LT	yes	 18.8.25
11	Sumita Kanti Behera	LT	yes	 18.8.25
12	Biswajit Moharana	ANS	yes	 18.8.25
13	Bijayalaxmi Das	ANS	yes	 18.8.25
14	Sabotari Mohanty	N/O	yes	 18.8.25
15	Sulochana Sahoo	N/O	yes	 18.8.25
16	Nibedita Das	N/O	yes	 18.8.25
17	Rashmita Behera	N/O	yes	 18/8/2025
18	Ayala Kumari Das	N/O	yes	 18/8/2025
19	Biswajit Nayak	OD	yes	 18/8/25
20	Tanuja Behera	MTHW	yes	 18/8/25
21	Subrat Kumar Sahoo	N/O	yes	 18/8/25
22	Ranjit K. Saha	P/O	yes	 18/8/25
23	Dellip K. Mohapatra	Sr Radiographer	yes	 18/8/25
24	Somen Mishra	N/O	yes	 18/8/25
25	Endhansu Sekhar Panda	Pharmacy Officer	yes	 18/8/25

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROL

DHH, CUTTACK

DATE :

VENUE : CONFERENCE HALL, DHH, CUTTACK

SL. NO.	NAME	DESIGNATION	RECEIVED OF PEN & NOTE PAD (1 EACH)	SIGNATURE
26	Subash Ch Sahu	Sr Radiographer	✓	<i>[Signature]</i>
27	Dr. Nihar Ranjan Tripathy	MD Pathologist	✓	<i>[Signature]</i>
28	Dr. Ganesh Ch. Patra	MD Oncology	✓	<i>[Signature]</i>
29	Monalisa Mohanty	Nursing Officer	✓	<i>[Signature]</i>
30	Dr. Bhaskar Ch Sahu	Consultant Radiologist	✓	<i>[Signature]</i>
31	Dr. Piyush Ranjan Sahu	Consultant Radiologist	✓	<i>[Signature]</i>
32	Shubhalaxmi Rout	LT	✓	<i>[Signature]</i>
33	Shantamayee Samal	HM	✓	<i>[Signature]</i>
34	Yashwantrao Jena	HM	✓	<i>[Signature]</i>
35	Dr. Abhinash Sahu	Surgeon	✓	<i>[Signature]</i>
36	Dr. Dilip Ku Samal	O&A	✓	<i>[Signature]</i>
37	Anisha Das	ST.S.	✓	<i>[Signature]</i>
38	Baijanti Giri	N.O	✓	<i>[Signature]</i>
39	Dr. K.K. Pattnaik	Doctor	✓	<i>[Signature]</i>
40	Bebina Das	N.O	✓	<i>[Signature]</i>
41	Nirupama Sahoo	N.O.	✓	<i>[Signature]</i>
42	Dr. Subrat Mohanty	Doctor	✓	<i>[Signature]</i>
43	Jyoti P. Beraal	LT	✓	<i>[Signature]</i>
44	Himanshu Ku. Sethi	Counsellor	✓	<i>[Signature]</i>
45	Bhagyabati Zeherra	Nursing officer	Yes	<i>[Signature]</i>
46	Prigank Prigodensini Mishra	Radiographer	Yes	<i>[Signature]</i>
47	Sanjay Kumar Pahan	Radiographer	✓	<i>[Signature]</i>
48	Sukanta Kumar Selhi	LT	✓	<i>[Signature]</i>
49	Dr. Suchismita Mishra	Doctor	✓	<i>[Signature]</i>
50	Niharanga Mahapatra	ST.S	✓	<i>[Signature]</i>

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROLL
DHH, CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

DATE : 19/08/2025

SL. NO.	NAME	DESIGNATION	RECEIVED OF PEN & NOTE PAD (1 EACH)	SIGNATURE
1	Dr. Tahu K. Jha	Med. St.	yes	
2	Dr. Nrupendra K. Sengupta	DM (MS) Cum. Supd.		
3	Dr. Gitanjali Kar	St. Consultant, Pulm. Medicine	yes	
4	Dr. Smriti Ranjan Sarda	Consultant Head & Neph. Supd.	yes	
5	Dr. Jugeshwar Panigrahi	LT/LMO	yes	
6	Dr. Greetaji K. Das	SA (OAC)	yes	
7	Dr. Banambar Mohapatra	Sr. med. Sp.	yes	
8	Bijayalaxmi Das	ANLS	yes	
9	Namita Sam	N/O, NPM.	yes	
10	Maharaj Abhishek Sekhara	Pharmacy officer	yes	
11	Annapurna Jena	S.O.	yes	
12	Mataji Samant	SNO	yes	
13	Debasmita Jothi	N/O	yes	
14	Baishanhe Mohanty	N/O	yes	
15	Pratibha Nayak	N/O	yes	
16	Jayadeb Bhunia	LT/O	yes	
17	Abhay Prasad Rath	LT	yes	
18	Arundha Ch. Bhatia	LT	yes	
19	Prasanta K. Sengupta	LT	yes	
20	Sabita Sahoo	LT	yes	
21	Gunam Adhikary	Pharmacy officer	yes	
22	Bikash Mehera	Pharmacist	yes	
23	Tapaswini Sahu	Nursing officer	yes	
24	Prashanti Sahoo	Nursing officer	yes	
25	Laxmipriya Akath	Nursing officer	yes	

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROL

DHH, CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

DATE : 19/08/2025

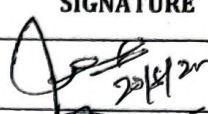
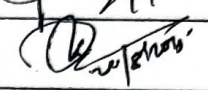
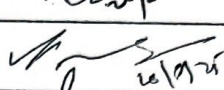
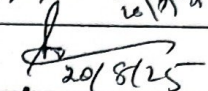
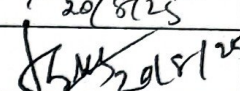
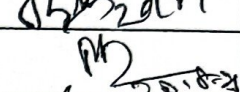
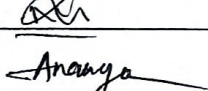
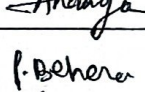
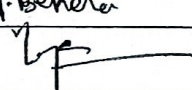
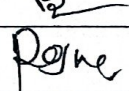
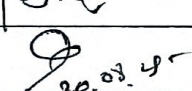
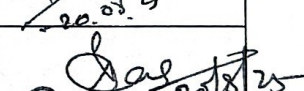
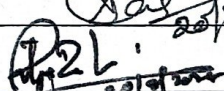
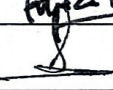
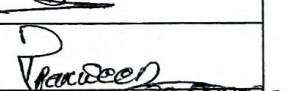
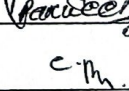
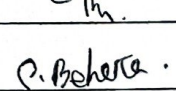
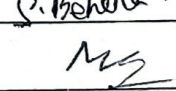
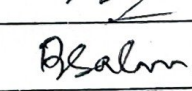
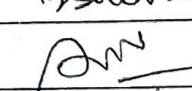
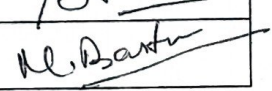
SL. NO.	NAME	DESIGNATION	RECEIVED OF PEN & NOTE PAD (1 EACH)	SIGNATURE
26	Debasish Mohapatra	Nursing Officer	Yes.	
27	Tapan Mohanty	MPH (M)	Yes	
28	Snehanjali Sahoo	Radiographer	Yes	
29	Umesh Ch. Sahoo	Pharmacy Officer	Yes	
30	Dr. Suchansubala	Consultant	Yes	
31	Suchismita Sahoo Mohanty	allo. Off.	Yes	
32	Minati Sahoo	NID	Yes	
33	Dr. Devesmita Sengupta	Consultant	Yes	
34	ASIT Impadrasan	NO	Yes	
35	Mukesh Kumar Dahi	NID	Yes	
36	Manoj Kumar Prasad	P/O	Yes	
37	Biswajit Pradhan	PO	Yes	
38	Dr. Anjanika Barik	Doctor	Yes	
39	Sasmita Mohapatra	Councillor	✓	
40	Dr. Trishna Das	Doctor	✓	
41	Priyanka Prigadarashini Mishra	Radiographer	Yes	
42	Prakash Dahi	N.O	Yes	
43	Dr. Bhaskar Kar	D.R	✓	
44	Prasant Kumar Sahoo	JFW	✓	
45	Dr. Mamata Samal	Doctor	✓	
46	Banashree Mohapatra	NO	✓	
47	Dr. Bindu Kumar Nish	Doctor	✓	
48	Bhagyabati Behera	NO	✓	
49	Kalpajit Sethi	PO	✓	
50	Sunjoy K. Dahi	Radiographer	✓	

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROLL

DHH,CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

DATE : 20/08/2025

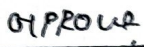
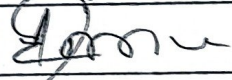
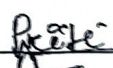
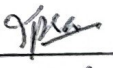
SL. NO.	NAME	DESIGNATION	RECEIVED OF PEN & NOTE PAD (1 EACH)	SIGNATURE
1	Dr. Nrupendra Ku Salapathy	DMO(MS) Cumr Supd.		
2	Mr. S. Jay Kumar	Head Ql-	Yes	
3	Dr. Pradyumn Kumar Das	Consultant Geriatric	Yes	
4	Dr. S. J. Begum	LTRMO (Comm. Supd.)	yes	
5	Bikash K C Sethi	Pharmacist	Yes	
6	Atash Prakash Patra	MCT	Yes	
7	Biswanath Pramanik	Lab Technician	Yes	
8	Sukanta Ku Patra	Lab Technician	yes	
9	Namita Lenka	N/O	yes	
10	Ananya Patra	Lab Technician	Yes	
11	Pujarani Behera	Lab Technician	Yes	
12	Dr. Narayan Sethi	OZC special	Yes	
13	Banashree Ojha	N/O	yes	
14	Banashree Ojha	N/O	yes	
15	Pranita Das	Lab Technician	Yes	
16	Sueharita Das	Microbiologist	Yes	
17	Satya Prakash Das	Nursing Officer	Yes	
18	Samakhi Behera	Nursing Officer	Yes	
19	Roshni Parween	Pharmacy officer	Yes	
20	Chuniz Lata Ray	Nursing Officer	Yes	
21	Sabita Behera	LT	Yes	
22	Madan Gopal Sen	P.O.	Yes	
23	Bhabagrahi Sahu	N.O	yes.	
24	Sangram Keshari Singh	MPHW	yes	
25	Madhusmita Barua	N-O	Yes	

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROLL

DHH, CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

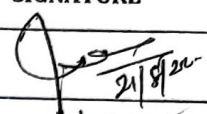
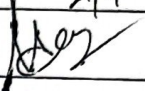
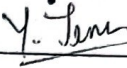
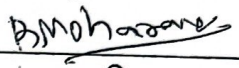
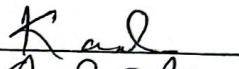
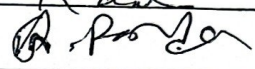
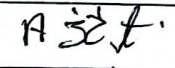
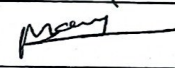
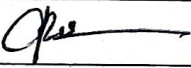
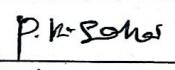
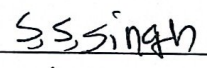
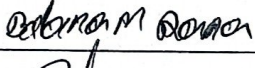
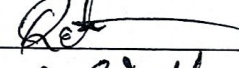
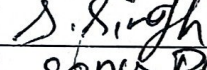
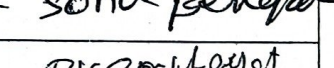
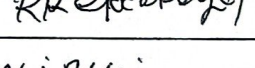
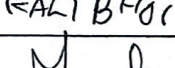
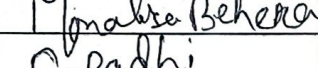
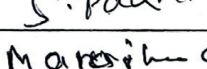
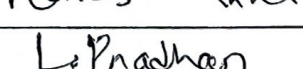
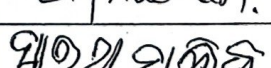
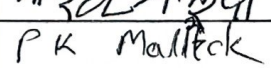
DATE : 20/08/2025

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26	Mili Koni Sen	N/O	yes	
27	Haranath Sahu	NO	yes	
28	Ushanoda Kumar	DNS	yes	
29	Priyanka P. Parde	LTRMO	yes	
30	Biparna Narayan Mohanty	SFW	yes	
31	Ramesh Kumar Saha	IPW	yes	
32	Dr. S. K. Saha	ENT SN	yes	
33	Nirjala Paul	N/O	yes	
34	Ritipragyan Panda	Counsellor	yes	
35	Dr. Sarmita Dey	ENT SP	yes	
36	Ganesh Prasad Poudel	LT	yes	
37	Dr. B. U. Mahala	(O2H) COUNSELLOR	yes	
38	Dr. N. C. DAS	M.O.	yes	
39	Dr. Anifa Kar (M)	Physiotherapist	yes	
40	Rasmata Swain	N/O	yes	
41	Rashmita Das	N/O	yes	
42	Pratishmita Baral	Counsellor	yes	
43	Swastika Behura	Counsellor	yes	
44	Pradyumna K. Nayak	NO	yes	
45	Pustelata Sahu	NO	yes	
46	Bhabani Shankar Mohanta	Radiographer	yes	
47	Taramani Topro	N.O	yes	
48	Dr. Jyoti Sarangi	Dental Surgeon	yes	
49	Jayanta Kumar Behra	Sr Radiographer	yes	
50	Dr. Sugyan N. Mohanty	LTRMO	yes	

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROLL
DHH,CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

DATE : 21. 08. 2023

SL. NO.	NAME	DESIGNATION	SIGNATURE
1	Dr. Narendra Kumar Sathpathy	DMO(MS) cum. Supdt.	
2	Shakti mayee Samal	HM	
3	Yogasmika Jena	HM	
4	Binapani Das Moharana	A.N. S	
5	Bijayalaxmi Das	A.N. S.	
6	Kaushik Biswal	NIPMAL SUPERVISOR	
7	Gyana Ranjan Panda	NIPMAL SUPERVISOR	
8	Ajit Kumar Dey	VER SWOPR	
9	Manoj Kumar Sahoo	W-A	
10	Lengarao Rao	W-A	
11	Chittaranjan Muduri	W-A	
12	Pranod Kumar Sahoo	W-A.	
13	Pravati Manjari Nayak	F.W.A	
14	Sibasundar Singh	NIPMAL SUPERVISOR	
15	Balaram Rana	SANITATION WORKER	
16	Rakesh Mukhi	SANITATION WORKER	
17	Sanjay Singh	SANITATION WORKER	
18	Sonu Behera	sanitation worker	
19	Raj Kishor Chakraborty	IV	
20	KALIBHOI	S.W	
21	Monalisa Behera	Attendant	
22	Sandhya Rani Padhi	Attendant	
23	Manoj Kumar Sinha	Attendant	
24	Letina Pradhan	Attendant	
25	Saratini Mallik	Attendant	
26	Prasant Kumar Mallik	Attendant	

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROL

DHH, CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

DATE : 21.08.2025

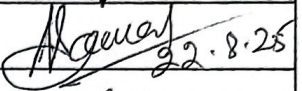
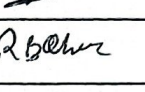
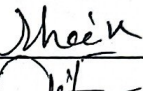
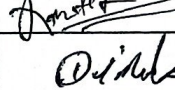
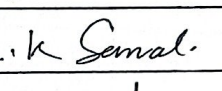
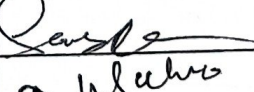
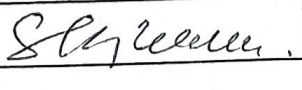
SL. NO.	NAME	DESIGNATION	SIGNATURE
27	Lochan Naik	Sanitation Worker	Lochan Naik
28	Dhanal Mitali	Sanitation Worker	D. Mitali
29	mamuni Jena	S.W	M Jena
30	B. Mala	S. W	B. Mala
31	Sasmita Ghadai	S. W	S. Ghadai
32	Kupara	S.W	Kupara
33	Gopal Ch Behra	S.W.A.	G. Behra
34	Sailesh Kumar Sinha	S.W.A	S. Sinha
35	Helena Nandiz	S.W.	H. Nandiz
36	Panchanan Kuder	Ward Attendant	Panchanan Kuder
37	Mamaj Ranjan Sahoo	W. Attendant	M. R. Sahoo
38	Sanjivita Behera	S.W	Sanjivita Behera
39	Surya Kanta Behera	S.W	Surya Kanta Behera
40	Prabhat Ranjan Das	W.A	P. R. Das
41	ଶ୍ରୀତ ନାୟକ	S.W.	ଶ୍ରୀତ ନାୟକ
42	RUPA Naik	S. W	R. Naik
43	Sasmita Nayak	W.A	S. Nayak
44	Rankanidhi Naik	A.T.T	Ranka
45	Charitas Behera	A.T.T	C. Behera
46	Bharat Naik	W.A	Bharat
47	Nanesh Ch. Mohanty	W.A	N.C Mohanty
48	Paasanta Ku Mohanty	W.A	P. Mohanty
49	Asha Naik	Laundry	A. Naik
50	Nirman Kumar Nayak	WA	N.K. Nayak

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROLL

DHH, CUTTACK

VENUE : CONFERENCE HALL, DHH, CUTTACK

DATE : 22/08/2025

SL. NO.	NAME	DESIGNATION	SIGNATURE
1	Dr. Nrupendra Ku. Salapathy	DMO(CMS) Cum-Supdt.	
2	Shaktimayee Samal	HM	
3	Yogasmita Jera	HM	
4	Teetendra K. Mallik	Nirmal Supervisor	
5	Soumya Ranjan Benera	Plumber	S.R Benera
6	Shadul Minhajuddin	Attendant	
7	Kondeka Bhoj	Attendant	
8	Dipankar Sahu	Nirmal	
9	Raikeswar Samal	Nirmal	R.K Samal.
10	H. Srikanth Rao	B.M.W	H. Srikanth Rao
11	Chama R. N. Nayak	Attendant	Chama R. N. Nayak
12	Prabhata Ku. Sahoo	Attendant	P.K. Sahoo
13	Prasant Mohanty	Attendant	P. Mohanty
14	Subrat Ku. Panigrahi	Attendant	Subrat Ku. Panigrahi
15	Tapan Barik	Attendant	Tapan Barik
16	Ganesh Ku. Mallik	Nirmal	Ganesh Ku. Mallik
17	Babaji Patra	Nirmal	Babaji
18	Sanjay Kumar Mohanty	Attendant	S.K. Mohanty
19	Sanita Biswal	Nirmal	Sanita Biswal
20	Susanta Nayak	Nirmal	Susanta Nayak
21	Rabin Subbehera	Nirmal	Rabin Subbehera
22	Rajesh Kumar Ti	Attendant	
23	Deepak Kumar Sahoo	Nirmal	D. Sahoo
24	Satish Pradhan	Attendant	S. Pradhan
25	SK Jwal	Attendant	

ATTENDANCE SHEET ON TRAINING OF BIOMEDICAL WASTE MANAGEMENT & INFECTION CONTROL

DHH, CUTTACK

DATE: 22/08/2025

VENUE: CONFERENCE HALL, DHH, CUTTACK

SL. NO.	NAME	DESIGNATION	SIGNATURE
26	Toposh Pradhan	Attendant	Toposh Pradhan
27	Sakuhata SING	S.W	S. SING
28	SNaik	S.W	SNaik
29	T. Lakshmi	S.W	Rao
30	B. Lalanga	S.W	B. Nair
31	Puspanjali Barik	Attendant	Puspanjali Barik
32	Sasmita Bhoi	Attendant	Sasmita Bhoi
33	A. Uma	Laundry	A. Uma
34	R. Purnavati	Laundry	R. Purnavati
35	Chanchala Sahoo	Att.	C. Sahoo
36	Sydhya Goswami	F.W.A	Sydhya
37	Pratima Kati	Att.	Pratima
38	Gajapati Sanyal	Attendant	G. Sanyal
39	Benapani Das	Attendant	B. Das
40	Sekanti Bhattacharya	S.W.	S. Bhattacharya
41	Mamala Sahoo	F.W.A	M. Sahoo
42	Poojitha Singh	Attendant	P. Singh
43	Madhusmita Nayak	Laundry	M. M. Nayak
44	Sanjay Nayak	S.W	S. Nayak
45	Monalisa Behara	F.W.A	Monalisa Behara
46	G. G. G. G.	F.S.	G. G. G. G.
47	G. G. G. G.	S.W	G. G. G. G.
48	Susanta Ghosh	S.W	S. Ghosh
49	S. Bhoi	S.W	S. Bhoi
50	G. G. G. G.	S.W	G. G. G. G.

Proceedings of the Bio- Medical Waste Management Committee, DHH Cuttack

Venue: Conference Hall, DHH Cuttack
Date: 24/01/25
Time: 1.00 PM

Members Present: - All the members of Bio-Medical Waste Management team, the attendance sheet is attached as Annexure-"A".

The meeting of Bio- Medical Waste Management committee was held in the conference hall, DHH Cuttack. The Committee reviewed action taken report of the last Bio- Medical Waste Management Committee meeting and discussed the various issues relating to Bio- Medical Waste Management.

The Following decisions were made which were accepted unanimously.

1. The Committee suggested to impart re-orientation to the staff engaged in OT & LR in view of LaQshya certification.
(Responsibility: DMO(MS) Cum Superintendent/Hospital Manager)
2. The committee recommended that adequate foot operated bins are to be kept at strategic location for the smooth segregation of the waste .
(Responsibility: DNS/Hospital Manager)
3. The Committee emphasized upon the onsite segregation of the Bio- Medical Waste .
(Responsibility : Nursing Officer)
(Responsibility: All BMW Handlers)
4. The committee recommended that the hypochlorite solution to be prepared on daily basis and labelling as regards to date of preparation to be put.
(Responsibility: Ward Attendant/ Nursing Officer I/C)
5. The Committee emphasized on adherence to the standard precautions to avoid Needle Stick Injury and transmission of infection.
(Responsibility: DNS/ANS/ Nursing Officer I/C)
6. The committee insisted on putting Bar-Code on the waste bags before transporting to the CBWTF (Common Bio-Medical Waste Treatment Facility) .
(Responsibility: Sani clean staff/ DNS/HM)

The meeting ended with thanks to the chair and all participants.

Memo No. 328

DMO (MS) Cum Superintendent.
DHH, Cuttack
Date 25/02/2025

Copy forwarded to the all person concerned for favour of information and necessary action.

DMO (MS) Cum Superintendent.
DHH, Cuttack

PROCEEDINGS OF WASTE MANAGEMENT TEAM MEETING OF. D.H.H. CUTTACK

The meeting of the Waste Management Team was held in the office chamber of DMO (MS)-Cum-Superintendent, DHH Cuttack on Dt 28.02.2025 at 01.00 PM under the chairmanship of DMO (MS)-Cum-Superintendent, DHH Cuttack.

Members Present: All the members of Waste Management Team, the attendance sheet is attached as Annexure-"A"

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste Management Team Meeting held on dated 24/01/2025. After that following discussion were made for improving the quality of the Biomedical Waste Management activities in the hospital.

SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Review of BMWM activities of the Hospital.	The committee reviewed the activities to focus on the segregation of each & every day for all departments.	Hospital Manager Asst. Nursing Suptd.
2	BMWM Audit	The committee reviewed the audit reports of Bio- Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
3	Fixing of Bar coding sticker in each bags	The committee instructed to fix all colour coded bar code in each bags of all departments before lifting and transporting the waste to CBWTF.	Infection control Nurse All BMW Handlers
4	Review and Analysis of hand Hygiene and infection prevention Audit.	The committee reviewed and analysis of Hand Hygiene and infection prevention Audit and necessary action may be taken.	Hospital Manager Asst. Nursing Suptd. Infection Control Nurse
5	Adherence to Standard precautions	The committee emphasized on adherence of standard precautions to avoid the cross infections and follow the infection control practices.	Deputy Nursing Suptd./Asst. Nursing Suptd. /Infection Control Nurse & I/C NO

The meeting ended with vote of thanks to the chair.

Memo No:- 343.

Copy forwarded to the all members of BMWM committee for information and necessary action.

DMO (MS) cum superintendent,
DHH, Cuttack

Date:- 28.02.2025.

DMO (MS) cum superintendent,
DHH, Cuttack

Proceedings of the Bio- Medical Waste Management Committee,DHH Cuttack

Venue: Conference Hall, DHH Cuttack
Date: 30/04/25
Time: 1.00 PM

Members Present: - All the members of Bio-Medical Waste Management team, the attendance sheet is attached as **Annexure-"A"**.

The meeting of Bio- Medical Waste Management committee was held on dtd 30/04/25 at 1.00 pm in the conference hall under the chairpersonship of DMO(MS)-Cum-Superintendent, DHH Cuttack. The Committee reviewed action taken report of the last Bio- Medical Waste Management Committee meeting held on dtd 28/02/25 and discussed the various issues relating to Bio- Medical Waste Management.

The Following decisions were made which were accepted unanimously.

1. The Committee suggested to put the adequate quantity of the foot operated Bins in all generation point . Deputy Nursing Superintendent are instructed to submit the requisition for above purpose.(DNS/ANS/HM)
2. The committee recommended that the hypochlorite solution to be prepared on daily basis and labelling as regards to date of preparation to be put.(NOI/C,ANS)
3. The committee insisted on supply of adequate personal protective equipment to the waste handlers .(Hospital Manager)
4. The Committee emphasized that waste collection register in all unit to be maintained in daily basis after weighing of the waste..
5. The Committee also suggested on use of Bar-Coding on waste bags as per the provision of Bio- Medical Waste Management & Handling Rules.
6. Housekeeping supervisors under NIRMAL are directed to supervise the BMWM activities in the hospital

The meeting ended with thanks to the chair and all participants.

Memo No- 702


DMO (MS) Cum Superintendent.
DHH, Cuttack
Date- 30/04/2025

Copy forwarded to the all person concerned for favour of information and necessary action.


DMO (MS) Cum Superintendent.
DHH, Cuttack

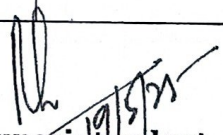
PROCEEDINGS OF WASTE MANAGEMENT TEAM MEETING OF D.H.H. CUTTACK

The meeting of the Waste Management Team was held in the office chamber of DMO (MS)-Cum-Superintendent, DHH Cuttack on Dt 17.05.2025 at 01.00 PM under the chairmanship of DMO (MS)-Cum-Superintendent, DHH Cuttack.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste Management Team Meeting held on dated 30.04.2025.

SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Review of BMWM activities of the Hospital.	The committee reviewed the activities to focus on the segregation of each & every day for all departments.	Hospital Manager Asst. Nursing Suptd.
2	Adherence to Standard precautions	The committee emphasized on adherence of standard precautions to avoid the cross infections and follow the infection control practices.	Deputy Nursing Suptd./Asst. Nursing Suptd.
3	Review and Analysis of hand Hygiene and infection prevention Audit.	The committee reviewed and analysis of Hand Hygiene and infection prevention Audit and necessary action may be taken.	Hospital Manager Asst. Nursing Suptd.
4	BMWM Audit	The committee reviewed the audit reports of Bio- Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
5	On Spot training on Biomedical waste management	The committee decided that the hospital managers will provide on spot training on Biomedical waste management to the staff during their duty hours.	Hospital Manager Asst. Nursing Suptd.

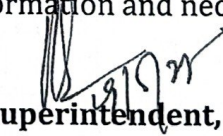
The meeting ended with vote of thanks to the chair.


DMO (MS) cum superintendent,
DHH, Cuttack

Memo No:- 814

Date:- 17.05.2025

Copy forwarded to the all members of BMWM committee for information and necessary action.


DMO (MS) cum superintendent,
DHH, Cuttack

PROCEEDINGS OF WASTE MANAGEMENT TEAM MEETING OF D.H.H. CUTTACK

The meeting of the Waste Management Team was held in the office chamber of DMO (MS)-Cum-Superintendent, DHH Cuttack on Dt 30.06.2025 at 01.00 PM under the chairmanship of DMO (MS)-Cum-Superintendent, DHH Cuttack.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste Management Team Meeting held on dated 17.05.2025.

SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Review of BMWM activities of the Hospital.	The committee reviewed the activities to focus on the segregation of each & every day for all departments.	Hospital Manager Asst. Nursing Suptd.
2	Maintenance of daily register	It is decided that the register must be kept in the department and the staff nurse will put the signature during the lifting of BMW waste from the department. Instructed to BMWM supervisor to ensure this.	DMO (MS) Cum Suptd., DHH Hospital Manager Asst. Matron, DHH I/C Staff of all Departments
3	BMWM Audit	The committee reviewed the audit reports of Bio- Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
4	Purchase of BMWM Bins	It is decided in the meeting that some of colour coded bins are good conditions but foot operation of bins are not working. Hence, the committee decided to purchase the BMWM Bins.	DMO (MS) Cum Suptd. Hospital Manager

The meeting ended with vote of thanks to the chair.

Memo No:-

1044.

Copy forwarded to the all members of BMWM committee for information and necessary action.

DMO (MS) cum superintendent,
DHH, Cuttack

Date: 30/06/25 30.06.2025.

DMO (MS) cum superintendent,
DHH, Cuttack

PROCEEDINGS OF WASTE MANAGEMENT TEAM MEETING OF D.H.H. CUTTACK

The meeting of the Waste Management Team was held in the office chamber of DMO (MS)-Cum-Superintendent, DHH Cuttack on Dt 17.07.2025 at 01.00 PM under the chairmanship of DMO (MS)-Cum-Superintendent, DHH Cuttack.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste Management Team Meeting held on dated 30.06.2025.

SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Review of BMWM activities of the Hospital.	The committee reviewed the activities to focus on the collection from each departments and issue of BMW to CBWTF on regular basis.	Hospital Manager Asst. Nursing Suptd.
2	Maintenance of daily register	The committee reviewed the activities for signature during the lifting of BMW waste from the department. Instructed to BMWM supervisor to ensure this.	DMO (MS) Cum Suptd., DHH Hospital Manager Asst. Matron, DHH I/C Staff of all Departments
3	BMWM Audit	The committee reviewed the audit reports of Bio- Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
4	Annual health check-up and vaccination for staffs	The committee decided that the hospital managers and Asst. Nursing superintendent will coordinate for Annual health check-up and vaccination of staffs.	Hospital Manager Asst. Nursing Suptd. Infection control Nurse

The meeting ended with vote of thanks to the chair.

Memo No:-

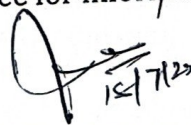
1200.

Copy forwarded to the all members of BMWM committee for information and necessary action.


DMO (MS) cum superintendent,
DHH, Cuttack

Date:-

18/07/2025.


DMO (MS) cum superintendent,
DHH, Cuttack

PROCEEDINGS OF WASTE MANAGEMENT TEAM MEETING OF, D.H.H. CUTTACK

The meeting of the Waste Management Team was held in the office chamber of DMO (MS)-Cum-Superintendent, DHH Cuttack on dt 30.08.2025 at 01.00 PM under the chairmanship of DMO (MS)-Cum-Superintendent, DHH Cuttack.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste Management Team Meeting held on dated 17.07.2025.

SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Review of BMW activities of the Hospital.	The committee reviewed the activities to focus on the collection from each departments and issue of BMW to CBWTF on regular basis.	Hospital Manager Asst. Nursing Suptd.
2	Maintenance of daily register	The committee reviewed the activities for signature during the lifting of BMW waste from the department. Instructed to BMW supervisor to ensure this.	DMO (MS) Cum Suptd., DHH Hospital Manager Asst. Matron, DHH I/C Staff of all Departments
3	BMW Audit	The committee reviewed the audit reports of Bio- Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
4	Vaccination for staffs	The committee decided that the hospital managers and Asst. Nursing superintendent will coordinate for vaccination of staffs.	Hospital Manager Asst. Nursing Suptd. Infection control Nurse
5	On Spot training on Biomedical waste management	The committee decided that the hospital managers will provide on spot training on Biomedical waste management to the staff during their duty hours.	Hospital Manager Asst. Nursing Suptd.

The meeting ended with vote of thanks to the chair.

DMO (MS) cum superintendent,
DHH, Cuttack

Memo No:-

1492

Date:-

30.08.2025

Copy forwarded to the all members of BMW committee for information and necessary action.

DMO (MS) cum superintendent,
DHH, Cuttack

PROCEEDINGS OF WASTE MANAGEMENT TEAM MEETING OF D.H.H. CUTTACK

The meeting of the Waste Management Team was held in the office chamber of DMO (MS)-Cum-Superintendent, DHH Cuttack on dt 16.09.2025 at 01.00 PM under the chairmanship of DMO (MS)-Cum-Superintendent, DHH Cuttack.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste Management Team Meeting held on dated 30.08.2025.

SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Proper Segregation of BMWM	The DMO(MS) Cum Superintendent instructed to the In- Charge of all departments for the proper segregation of the "Bio- Medical Waste" at source which is a statutory requirement under Bio- Medical Waste Management & Handling Rule 2016 & amendment thereof.	Asst. Nursing Superintendent, DHH, Cuttack. Hospital Manager. Supervisor BMWM
2	Arrangement of new Bins and needle cutter	The committee instructed the Hospital Manager to oversee the position of logistic in different patients care area of the hospital and place the logistics accordingly.	DMO (MS) Cum Suptd. Hospital Manager All I/C Nursing Officer Supervisor BMWM
3	BMWM Audit	The committee reviewed the audit reports of Bio- Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
4	Refresher Training for preparation of Hypochlorite solutions from Bleaching powder.	The committee decided that the hospital managers will provide on spot training to the staffs which is more effective for preparation of Hypochlorite solutions from Bleaching powder.	DMO (MS) Cum Suptd. Hospital Manager

5	Vaccination for staffs	The committee directed to the hospital managers and Asst. Nursing superintendent will coordinate for 2 nd dose of vaccination of all staffs.	Hospital Manager Asst. Nursing Superintendent Infection Nurse
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The meeting ended with vote of thanks to the chair.


16/9/25
DMO (MS) cum superintendent,
DHH, Cuttack

Memo No:- 1650

Date:- 16.09.2025

Copy forwarded to the all members of BMW committee for information and necessary action.


16/9/25
DMO (MS) cum superintendent,
DHH, Cuttack

PROCEEDING OF WASTE MANAGEMENT TEAM MEETING OF DHH CUTTACK
HELD ON DTD 28/10/2025 IN THE CONFERENCE HALL, DHH CUTTACK

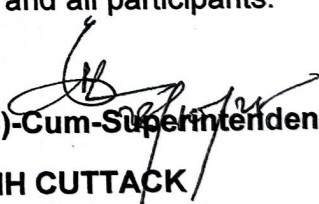
The meeting of the Waste Management Team was held in the Conference hall, DHH Cuttack on dt 28/10/2025 at 1.00 PM under the chairpersonship of DMO (MS)-Cum-Superintendent.

Members Present: - All the members of Waste Management Team, the attendance sheet is attached as **Annexure-"A"**.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste management team Meeting held on dated 16/09/2025. After that following discussion were made for management of the biomedical waste.

- All the staff are sensitized regarding segregation of BMW, Preparation of bleaching solution as per new BMW Rule 2016, Large & small Spill Management, Sharp Waste Management and Mercury spill Management.
- Instructed to the BMW supervisor for use of waste trolley for transportation of waste from wards to containment area and also maintain register for liquid waste management.
- All the staff are sensitized on what to do in case of needle stick injury is happen in wards and depts. and the reporting format must be submitted to DMO (MS)-Cum-Superintendent. Needle stick Injury register must be maintained in this regards.
- All the staffs are again sensitized on PEP (Post Exposure Prophylaxis) and work place management i.e. 5 "S" (Sort, Systematic Arrangement, Shine, Standardize & Sustain) protocols.
- Instructed to BMW handler that the waste must be collected after weighing of the waste at each generation points in wards and departments.

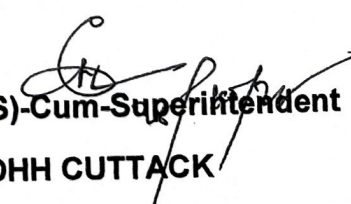
The meeting ended with vote of thanks to the chair and all participants.


DMO (MS)-Cum-Superintendent
DHH CUTTACK

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, CUTTACK

Memo No 1919 /DMO (MS) / Date 28 / 10 / 2025.

Copy submitted to the person concerned for favour of information & necessary action.


DMO (MS)-Cum-Superintendent
DHH CUTTACK

**PROCEEDING OF WASTE MANAGEMENT TEAM MEETING OF DHH CUTTACK HELD
ON DTD 28/11/2025 IN THE CONFERENCE HALL, DHH CUTTACK**

The meeting of the Waste Management Team was held in the office chamber of DMO(MS)-cum-Superintendent, DHH Cuttack on dt 28/11/2025 at 1.00 PM under the chairmanship of DMO (MS) –Cum-Superintendent, DHH Cuttack.

Members Present: - All the members of Waste Management Team, the attendance sheet is attached as Annexure-“A”.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last BMW team Meeting held on dated 28/10/2025. After that following discussion were made:-

SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Review of BMW activities of the Hospital.	The committee reviewed the activities to focus on the collection from each departments and issue of BMW to CBWTF on regular basis.	Hospital Manager Asst. Nursing Suptd.
2	Maintenance of daily register	The committee reviewed the activities for signature during the lifting of BMW waste from the department. Instructed to BMW supervisor to ensure this.	DMO (MS) Cum Suptd., DHH Hospital Manager Asst. Matron, DHH I/C Staff of all Departments
3	BMWM Audit	The committee reviewed the audit reports of Bio-Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
4	On job training on Biomedical waste management	The committee decided that the hospital managers will provide on spot training on Biomedical waste management to the staff during their duty hours.	Hospital Manager Asst. Nursing Suptd.
5	Segregation of BMW	It was discussed that biomedical wastes have not been segregate properly in some department and instructed to the ANS to ensure for proper BMWM at DHH, Cuttack.	Asst. Nursing superintendent/ All I/C Nursing Officer

The Meeting is ended with vote of thanks to the chair and all participants.

DMO (MS)-Cum-Superintendent
DHH Cuttack

Memo No 2218 / Medical, Cuttack / Date 28 / 11 / 2025.

Copy submitted to the person concerned for favour of information & necessary action.

DMO (MS)-Cum-Superintendent
DHH Cuttack

PROCEEDINGS OF WASTE MANAGEMENT TEAM MEETING OF D.H.H. CUTTACK

The meeting of the Waste Management Team was held in the office chamber of DMO (MS)-Cum-Superintendent, DHH Cuttack on dt 30.12.2025 at 01.00 PM under the chairmanship of DMO (MS)-Cum-Superintendent, DHH Cuttack.

At the outset, DMO (MS)-Cum-Superintendent welcome to all the Members. The Hospital Manager read out the proceedings of the last Waste Management Team Meeting held on dated 28.11.2025.

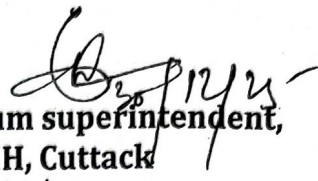
SL NO.	AGENDA	DISCUSSION	RESPONSIBILITY
1	Review of BMW activities of the Hospital.	The committee reviewed the activities to focus on the collection from each departments and issue of BMW to CBWTF on regular basis.	Hospital Manager Asst. Nursing Suptd.
2	Proper Segregation of BMW	The DMO(MS) Cum Superintendent instructed to the In- Charge of all departments for the proper segregation of the " Bio- Medical Waste " at source generation.	Asst. Nursing Superintendent, DHH, Cuttack. Hospital Manager. Supervisor BMW
3	BMW Audit	The committee reviewed the audit reports of Bio- Medical Waste Management of DHH, Cuttack.	DMO (MS) Cum Suptd. Hospital Manager Asst. Nursing Suptd.
4	Refresher Training for preparation of Hypochlorite solutions from Bleaching Powder.	The committee decided that the hospital managers will provide on spot training to the staffs which is more effective for preparation of Hypochlorite solutions from Bleaching powder.	DMO (MS) Cum Suptd. Hospital Manager
5	Vaccination for staffs	The committee directed to the hospital managers and Asst. Nursing superintendent will coordinate for 3 rd dose of vaccination of all staffs.	Hospital Manager Asst. Nursing Suptd. Infection control Nurse
6	On Spot training on Biomedical waste management	The committee decided that the hospital managers will provide on spot training on Biomedical waste management to the staff during their duty hours.	Hospital Manager Asst. Nursing Suptd.

7	Repair and maintenance of BMW weighing machine.	The committee instructed to check all weighing machine in all departments and repair the defective weighing machines.	Hospital Manager DMO (MS) Cum Super
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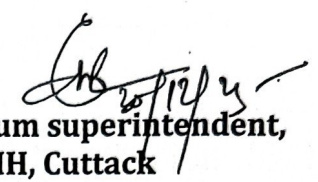
The meeting ended with vote of thanks to the chair.

Memo No:- 2293

Copy forwarded to the all members of BMW committee for information and necessary action.


DMO (MS) cum superintendent,
DHH, Cuttack

Date:- 30/12/2025


DMO (MS) cum superintendent,
DHH, Cuttack

USAID



Vridhhi

NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW) : MULIKANISE Age : 43 Sex : FemaleDesignation : NIOMobile No.: 8695427339Name of the Department & Unit : OPDDate and Time of Needle Stick/Sharp Injury 6.1.26 / 9.00 AMDate and Time of Reporting to concerned RMO/ Casualty 9.30 AM / 6.1.26Place where incident occurred : Labour Room

Section A: Injury Details

S.No.	Details	Response
1	Site	<u>Rt hand Index finger</u>
2	Nature of Injury	☒ Needle Prick / Sharp Cut / Lacerations / Splash of Fluids / Splattered Glass / Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. Percutaneous exposure ☒
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less sever/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐

Section B: Source Information:

S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐

Section C: Action Taken

S.No.	Description	Response
1.	Details of First Aid Given:	
	First dose of ART taken	Yes ☐ No ☒
2.	History of Hepatitis B vaccination	Yes ☒ No ☐ If Hepatitis B Vaccination taken Date and Time of Vaccination <u>1st - 21/7/22, 2nd - 29/8/22, 3rd - 27/12/22</u>
3.	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination <u>1st - 21/7/22, 2nd - 29/8/22, 3rd - 27/12/22</u>
4.	Event reported to:	Name: <u>Dr G.C. Patil</u> Designation: <u>085 SPL</u>
5.	Report submitted by:	Name: <u>Naomith Swain</u> Designation: <u>NIO</u> Signature: <u>Naomith Swain</u>

 DMO (MS)-Cum-Superintendent
 D. H. H., Cuttack



Vridhhi

NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Bhabagratul Age: 44yrs Sex: M.
 Designation: N/O Mobile No.: 8327706434
 Name of the Department & Unit: OT.
 Date and Time of Needle Stick/Sharp Injury: 09.12.25/11:30 AM
 Date and Time of Reporting to concerned RMO/ Casualty: 09.12.25/12:15 PM
 Place where incident occurred: Surgery OT.

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>RT hand Middle finger</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations / Splash of Fluids / Splattered Glass / Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. Percutaneous exposure ☒
1	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less severe/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐
Section B: Source Information		
S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
Section C: First Aid		
S.No.	Description	Response
1	Details of First Aid Given	<u>Wash the affected area with soap and water</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - <u>28-7-22</u> If Hepatitis B Vaccination taken Date and Time of Vaccination <u>2nd dose - 29-8-22 3rd dose - 27-12-22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination <u>Already taken previously</u>
4	Event reported to:	Name: <u>Khiradga</u> Designation: <u>DNE</u>
5	Report submitted by:	Name: <u>Bhabagratul</u> Designation: <u>Nursing Officer</u> <u>Bhabagratul</u> Signature: <u>Bhabagratul</u>

DMO (MS)-Cum-Superintendent
D. H. H., Cuttack



NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW) Sabitri Mohanty Age: 58 y Sex: F
Designation: NIO Mobile No.: 7668419696
Name of the Department & Unit: OT
Date and Time of Needle Stick/Sharp Injury 31/12/25 (10:35AM)
Date and Time of Reporting to concerned RMO/ Casualty 10:45AM
Place where incident occurred: OT

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Needle Puncture on (left) hand Middle finger</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations / Splash of Fluids / Splattered Glass / Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. Percutaneous exposure ☒
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less sever/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐
Section B: Source Information:		
S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
Section C: Action Taken		
S. No.	Description	Response
1	Details of First Aid Given:	<u>Wash hand with soap water.</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - 22.7.22 If Hepatitis B Vaccination taken Date and Time of Vaccination <u>2nd dose - 29.8.22 3rd dose - 27.12.22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Khirada Das</u> Designation: <u>DNS</u>
5	Report submitted by:	Name: <u>Sabitri Mohanty</u> Designation: <u>Necessary officer</u> Signature: <u>Sabitri Mohanty</u>

DMD (MS)-Cum-Superintendent
D. H. H., Cuttack



Vridhhi

NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Rashmita Behara Age: 474 Sex: MF
Designation: Nursing officer Mobile No.: 9438820028
Name of the Department & Unit: ORG OT.
Date and Time of Needle Stick/Sharp Injury: 29.10.25 / 11.15 AM.
Date and Time of Reporting to concerned RMO/ Casualty: 29/10/25 / 11.45 AM.
Place where incident occurred: during O.T. Procedure.

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Needle Puncture in Rt hand Index finger.</u>
2	Nature of Injury	☒ Needle Prick / ☐ Sharp Cut / ☐ Lacerations / ☐ Splash of Fluids / ☐ Splattered Glass / ☐ Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. Percutaneous exposure ☒
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less sever/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐
Section B: Source Information:		
S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
Section C: Action Taken		
S.No.	Description	Response
1	Details of First Aid Given:	<u>Wash hand 2 soap water.</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - 28.7.22 If Hepatitis B Vaccination taken Date and Time of Vaccination 2nd dose - 29/8/22 3rd dose - 27.12.22
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Khireda Das.</u> Designation: <u>DNS</u>
5	Report submitted by:	Name: <u>Rashmita Behara.</u> Designation: <u>Nursing officer.</u> Signature: <u>[Signature]</u> <u>29.10.25</u>

DMO (MS)-Cum-Superintendent
D. H. H., Cuttack



NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Dinkesh Mishra Age: 30 yr Sex: M
Designation: Pharmacist Mobile No.: 884-8848089
Name of the Department & Unit: OT
Date and Time of Needle Stick/Sharp Injury: 23.08.25/11:05 Am
Date and Time of Reporting to concerned RMO/ Casualty: 23.8.25/11:10 Am
Place where incident occurred: Surgery OT.

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>24mm in Rt hand middle finger.</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations/ Splash of Fluids/ Splattered Glass/ Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. Percutaneous exposure ☒
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane -Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less sever/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐
Section B: Source Information:		
S.No.	Source Information	Response
1	Was the source patient identifiable	1.Yes ☒ 2. No ☐ 3 Unknown ☐ 4 Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
S. No.	Description	Response
1	Details of First Aid Given:	<u>wash hand & soap water.</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - 22-7-22 If Hepatitis B Vaccination taken Date and Time of Vaccination <u>2nd dose - 29-8-22 3rd dose - 27-12-22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Bhiroda Dey</u> Designation: <u>DNS</u>
5	Report submitted by:	Name: <u>Dinkesh Mishra</u> Designation: <u>Pharmacist</u> Signature: <u>Dinkesh Mishra</u>


DMO (MS)-Cum-Superintendent
D. H. H., Cuttack



Vridhhi

NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW) Monalisa Behera Age: 30 yrs Sex: HF
 Designation: Attendant Mobile No.: 7735434276
 Name of the Department & Unit: OT
 Date and Time of Needle Stick/Sharp Injury 22/07/25 11:30 AM
 Date and Time of Reporting to concerned RMO/ Casualty 22/7/25 11:50 AM
 Place where incident occurred: OT

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Needle puncture in Rt hand middle finger</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations/ Splash of Fluids/ Splattered Glass/ Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. ☒ Percutaneous exposure ☐
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane -Major blood splash and/or duration of several minutes ☐ iii. ☒ Percutaneous less sever/scratch/solid needle ☐ iv. Percutaneous more severe/used needle, visible blood on device ☐
Section B: Source Information:		
S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
Section C: First Aid Taken		
S. No.	Description	Response
1	Details of First Aid Given:	<u>Wash hand in Soap water</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - <u>22.7.22</u> If Hepatitis B Vaccination taken Date and Time of Vaccination <u>2nd dose - 29.8.22 3rd dose - 27.12.22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Rhinda Das</u> Designation: <u>DNS.</u>
5	Report submitted by:	Name: <u>Monalisa Behera</u> Designation: <u>Attendant</u> Signature: <u>Behera</u>

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NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW) Sanjay Kumar Age: 36 yrs. Sex: HM.
 Designation: Attendant Mobile No.: 8637279767
 Name of the Department & Unit: OT
 Date and Time of Needle Stick/Sharp Injury 15.07.2025 / 10.10 AM.
 Date and Time of Reporting to concerned RMO/ Casualty 15.07.2025 / 10.30 AM.
 Place where incident occurred: OR G O.T.

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Needle puncture on lt hand index finger.</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations / Splash of Fluids / Splattered Glass / Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. Percutaneous exposure ☒
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less sever/scratch/solid needle ☐ iv. Percutaneous more severe/used needle, visible blood on device ☒

Section B: Source Information:		
S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐

S. No.	Description	Response
1	Details of First Aid Given:	<u>wash hand i Soap water</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - <u>22.7.22</u> If Hepatitis B Vaccination taken Date and Time of Vaccination <u>2nd dose - 29.8.22 3rd dose - 27.12.22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Rohitadev</u> Designation: <u>DHS</u>
5	Report submitted by:	Name: <u>Sanjay Kumar</u> Designation: <u>Attendant</u> Signature: <u>Sanjay Kumar</u>

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Vridhhi

NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Sabitai Mohanty Age: 58yr Sex: F
 Designation: Nursing officer Mobile No.: 9432283220
 Name of the Department & Unit: OT
 Date and Time of Needle Stick/Sharp Injury: 28/6/25 / 10.15 AM
 Date and Time of Reporting to concerned RMO/ Casualty: 10.25 AM
 Place where incident occurred: OT

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Needle puncture in Lt hand middle finger.</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations/ Splash of Fluids/ Splattered Glass/ Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. ☒ Percutaneous exposure ☐
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. ☒ Percutaneous less sever/scratch/solid needle ☐ iv. Percutaneous more severe/user needle, visible blood on device ☐
Section B: Source Information:		
S.no.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
Section C: Action Taken		
S. No	Description	Response
1	Details of First Aid Given:	<u>hand wash & Soap water</u>
	First dose of ART taken	Yes ☒ No ☐
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - 22.7.22 If Hepatitis B Vaccination taken Date and Time of Vaccination <u>2nd dose - 29.8.22 3rd dose - 27.12.22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Khirada Das</u> Designation: <u>DNS</u>
5	Report submitted by:	Name: <u>Sabitai Mohanty</u> Designation: <u>Nursing officer</u> Signature: <u>Sabitai Mohanty</u>

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Vridhhi

NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Sarjany Age: 36 Sex: Male
 Designation: Attendant Mobile No.: 8632279262
 Name of the Department & Unit: Main OT (ORGI)
 Date and Time of Needle Stick/Sharp Injury: 12.03.25/10.00AM
 Date and Time of Reporting to concerned RMO/ Casualty: 12.03.25/10.10AM
 Place where incident occurred: ORGI OT

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Needle puncture in Lt hand middle finger</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations/ Splash of Fluids/ Splattered Glass/ Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. Percutaneous exposure ☒
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane -Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less sever/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐

Section B: Source Information:		
S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐

S.No.	Description	Response
1	Details of First Aid Given:	<u>Wash hand w soap water.</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - 22.7.22 If Hepatitis B Vaccination taken Date and Time of Vaccination: <u>2nd dose - 29.8.22 3rd dose - 27.12.22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination:
4	Event reported to:	Name: <u>Khirona Das</u> Designation: <u>D.S</u>
5	Report submitted by:	Name: <u>Sarjany K Mohanty</u> Designation: <u>Attendant</u> Signature: <u>Sarjany K Mohanty</u>

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NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Banashree Age: 35 Sex: Female
 Designation: Nursing officer Mobile No.: 8337936691
 Name of the Department & Unit: ORGT
 Date and Time of Needle Stick/Sharp Injury: 24.02.22/10:30 AM
 Date and Time of Reporting to concerned RMO/ Casualty: 24.02.22/10:35 AM
 Place where incident occurred: ORGT

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Needle puncture in left hand index finger</u>
2	Nature of Injury	<u>Needle Prick / Sharp Cut / Lacerations / Splash of Fluids / Splattered Glass / Others (Please specify)</u>
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☒ iii. Percutaneous exposure ☐
1	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less severe/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐
Section B: Source Information		
S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
Section C: Action Taken		
S.No.	Description	Response
1	Details of First Aid Given:	<u>Wash hand in soap water</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - <u>22.7.22</u> If Hepatitis B Vaccination taken Date and Time of Vaccination <u>2nd dose - 29.8.22 3rd dose - 27.12.22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Khireeda Das</u> Designation: <u>DNS</u>
5	Report submitted by:	Name: <u>Banashree</u> Designation: <u>Nursing officer</u> Signature: <u>Banashree</u>



NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Bhabagralin Age: 43yrs Sex: male
 Designation: Nursing officer, Salun Mobile No.: 8327706434
 Name of the Department & Unit: Surgery OT
 Date and Time of Needle Stick/Sharp Injury: 06.02.25/12:30pm
 Date and Time of Reporting to concerned RMO/ Casualty: 06.02.25/12:35pm
 Place where incident occurred: Surgery OT

Section A: Injury Details

S.No.	Details	Response
1	Site	<u>Needle stick injury in index finger of left hand.</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations / Splash of Fluids / Splattered Glass / Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☐ ii. Intact skin ☐ iii. ☒ Percutaneous exposure ☒
1	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. ☒ Percutaneous less severe/scratch/solid needle ☒ iv. Percutaneous more severe/used needle, visible blood on device ☐

Section B: Source Information

S.No.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐

Section C: Action Taken

S.No.	Description	Response
1	Details of First Aid Given:	<u>→ wash soap & water.</u> <u>→ ...</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ 1st dose - 28-7-22 If Hepatitis B Vaccination taken Date and Time of Vaccination: <u>2nd dose - 29.8.22 3rd dose - 27-12-22</u>
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>Whitola Das</u> Designation: <u>DNS</u>
5	Report submitted by:	Name: <u>Bhabagralin</u> Designation: <u>Nursing officer</u> Signature: <u>Bhabagralin</u>

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NEEDLE STICK INJURY REPORTING FORM

Name of Health Care Worker (HCW): Tapaswini Sahu Age: 27 Sex: Female
 Designation: Nursing officer Mobile No.: 9932481590
 Name of the Department & Unit: LR 3024
 Date and Time of Needle Stick/Sharp Injury: 1/1/25 at 11.45 h
 Date and Time of Reporting to concerned RMO/ Casualty: 1/1/25 at 12.20 PM
 Place where incident occurred: Labour Room

Section A: Injury Details		
S.No.	Details	Response
1	Site	<u>Rt hand Index Finger</u>
2	Nature of Injury	Needle Prick / Sharp Cut / Lacerations / Splash of Fluids / Splattered Glass / Others (Please specify)
3	Type of Exposure	i. Mucous Membranes or skin with integrity compromise ☒ ii. Intact skin ☐ iii. Percutaneous exposure ☐
1.	Severity of Exposure	i. Mucous membrane - Few drops, small duration ☐ ii. Mucous membrane - Major blood splash and/or duration of several minutes ☐ iii. Percutaneous less sever/scratch/solid needle ☐ iv. Percutaneous more severe/used needle, visible blood on device ☐
Section B: Source Information:		
S.no.	Source Information	Response
1	Was the source patient identifiable	1. Yes ☒ 2. No ☐ 3. Unknown ☐ 4. Not applicable ☐
2	If identifiable whether the source is a known case of	1. HIV ☐ HBV ☐ HCV ☐ 2. Negative for all 3 ☒ 3. Unknown ☐
Section C: Action Taken		
S. No.	Description	Response
1	Details of First Aid Given:	<u>Wash hand's soap and water</u> <u>T-T 1000 gm</u>
	First dose of ART taken	Yes ☐ No ☒
2	History of Hepatitis B vaccination	Yes ☒ No ☐ If Hepatitis B Vaccination taken Date and Time of Vaccination
3	Whether Hepatitis B vaccine taken after exposure	Yes ☐ No ☒ If Hepatitis B vaccine taken after exposure Date and Time of this Vaccination
4	Event reported to:	Name: <u>R. S. D. Mohanty</u> Designation: <u>C29 Sr L</u>
5	Report submitted by:	Name: <u>[Signature]</u> Designation: <u>[Signature]</u> Signature: <u>[Signature]</u>

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